

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

CJ's Elite Limousine, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2012. 294-T  
2008 - 343 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Curtis Brown

Telephone: 8434788582

Address: 1963 Sol Legare  
Charleston, SC 29412

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application – Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input checked="" type="checkbox"/> Other: <u>pls expedite</u>         |

241083  
241084

CLASS C REINSTATEMENT FORM

<b>File the original with:</b>  <b>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</b>
---	--

DATE: 12.18.12

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☒ Charter Certificate Number 2008-343-T
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 11.27.12 because I did not send the Annual Report  
(DATE)

I am seeking reinstatement because This is only my source of income.

<u>OJ'S Elite Limousine, LLC</u> (Name of Company)	DBA _____ (if applicable)
<u>1963 Sol Legare</u> (Street Address)	_____ (Mailing Address if different from Street Address)
<u>Charleston, SC 29412</u> (City, State, Zip Code)	<u>Curtis Brown</u> (Signature)
<u>(843)478-8582</u> (Telephone Number)	<u>owner</u> (Title) Owner, President, etc.

# Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAN  
OF

CJ'S Elite Limousine, LLC

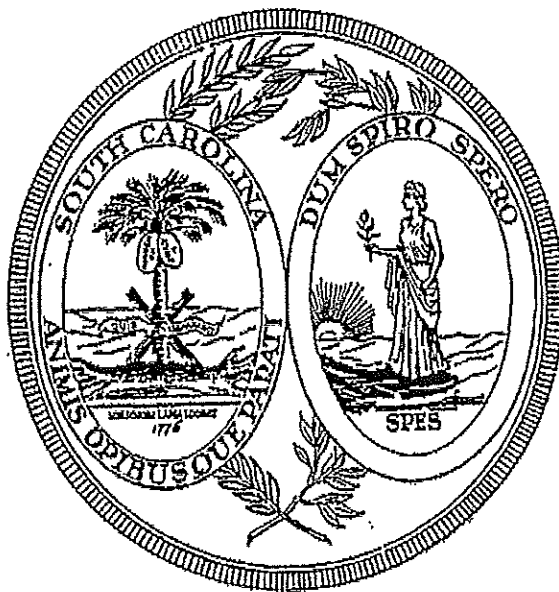
Exact Legal Name of Respondent

2008-343-T

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 20<sup>11</sup>  

- ☐ Calendar Year Ending December 31, 20<sup>11</sup>    
or  
☐ Fiscal Year Ending



### Company Officers

Title of Officer	Name of Person Holding Office
President	Curtis Brown
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

### Contact Information (If different from above)

Contact Name:	Curtis Brown		
Title:	owner		
Street Address:	1963 Sol Legare		
City:	Charleston	State:	SC
		Zip:	29412
Telephone Number:	( 843 ) 478-8682	E-mail:	